



County of San Diego

HEALTH AND HUMAN SERVICES AGENCY

PUBLIC HEALTH SERVICES HEALTH SERVICES COMPLEX

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Epidemiology & Immunization Services
Emergency & Disaster Medical Services
HIV, STD and Hepatitis
Maternal, Child and Family Health Services
Public Health Laboratory
PH Nursing
Border Health
TB Control & Refugee Health
Vital Records

MISSION STATEMENT

“As advisors to the San Diego County Board of Supervisors, the Mission of the Emergency Medical Care Committee is to be an advocate for the community through the development of strategies for continuous improvement of the emergency medical services system.”

EMERGENCY MEDICAL CARE COMMITTEE (EMCC) MEETING

Minutes

Thursday, March 28, 2013

Members Present

Abbott, Stephen – District Five
Adler, Fred – District Three
Green, R.N., Katy – District One
Jacoby, M.D., Jake – District Four
Marugg, Jim – S.D. County Paramedics Association
Meadows-Pitt, R.N., Mary – District Two
Nevin, Jon – S.D. County Paramedics Association
Parra, Frank – S.D. County Fire Chief's Association (Alt)
Rice, Mike – Ambulance Association of San Diego
Rothlein, Jason – Law Enforcement Agencies
Rosenberg, R.N., Linda – Emergency Nurses Association
Rosenberger, R.N., Wendy – Base Hospital Nurse
Coordinators (Alt)
Wells, R.N., Christine - Base Hospital Nurse Coordinators

Vacant Positions

League of California Cities
Military Agencies
San Diego County Medical Society
San Diego Emergency Physicians' Society

In Attendance

Bavario, Adam - GCTI
Forman, Kelly – Mercy Air
Innis, Steve – 1st Choice Ambulance
Lorek, Kirstin – SD. County Sheriff's Dept
Saltzstein, Doug - NCTI

County Staff

Conte, Meredith
Haynes, M.D., Bruce
Metz, Marcy
Pate, Rebecca

Recorder

Wolchko, Janet I.

I. CALL TO ORDER/INTRODUCTIONS/ANNOUNCEMENTS

Mike Rice, Chair, brought the meeting to order at 9:02 am. Attendees introduced themselves.

II. PUBLIC COMMENTS/PETITIONS

There were no public comments or petitions submitted.

III. APPROVAL OF MINUTES

A motion was made by Jim Marugg, seconded by Katy Green to approve the EMCC minutes from February 28, 2013. Motion carried.

IV. STANDING SUBCOMMITTEE REPORTS

A. Prehospital/Hospital – Policy review and approval

There was no report.

B. Education and Research

There was no report.

C. Disaster/Operations –Linda Rosenberg, R.N.

1. County EMS and healthcare facilities are planning a local Hospital Preparedness Program (HPP) disaster drill for May 30, 2013. The exercise will focus on fatality management. The County Medical Operations Center (MOC) will be open during the drill. Each hospital will be recruiting volunteer patients for the exercise. The exercise will continue to work on Neonatal Intensive Care Unit (NICU) evacuation plans and County resources for evacuation of NICU patients.
2. The 2013 Statewide Medical and Health Training Exercise is scheduled for November 21, 2013. The state would like to incorporate Continuity of Operation (COOP) planning into the exercise.

V. AMBULANCE ORDINANCE REVISIONS

A. EMCC had previously approved the Ambulance Ordinance. County Risk Management has since updated the insurance requirements for critical care, ground transport, non-emergency transport as well as air ambulance.

1. Ambulance Provider's and/or Critical Care Transport Provider's and non-emergency transport Providers liability insurance, including, but not limited to comprehensive auto liability and professional liability, and general liability.
2. Air Ambulance Providers liability insurance, including, but not limited to comprehensive aircraft liability, professional liability and commercial general liability insurance or airport liability.

3. Worker's compensation insurance and employers' liability insurance shall comply with California Labor Code requirements.
- B. County Counsel may have some grammatical statement corrections, but there will be no substantial changes to the text in the ordinance.
- C. The Ambulance Ordinance has been placed on the EMCC agenda today to include an EMCC advisory statement in the Board letter. It will go into effect 30 days after it is approved by the Board of Supervisors. Agencies will have to show proof of insurance with their application or reapplication for ambulance permits.

A motion was made by Fred Adler, seconded by Jim Marugg to accept and approve the changes made to the Ambulance Ordinance. Motion carried.

VI. COMMUNITY PARAMEDICS (Bruce E. Haynes, M.D.)

- A. The community paramedicine program has been useful where physicians, hospitals and clinics are hard to access, especially in rural areas. The program is currently being provided in the Midwestern states where population is low and resources may be limited.
 1. Roles and skills for community paramedics in rural areas can include:
 - minor trauma suturing
 - injury prevention programs, such as home visits for falls
 - disease management/monitoring for congestive heart failure, diabetes, COPD and asthma
 - drawing blood samples
 - wound care and dressings for those who have chronic wounds
 - medication compliance
 2. Categories mentioned in California:
 - transport to alternate destinations and ability to select an alternate transport destination, i.e. a clinic
 - assess treatment refer and release patients
 - address the needs of frequent 911 callers
 - post hospitalization follow-ups, care for chronic conditions
- B. The Office of Statewide Health Planning and Development (OSHPD) reviews submission for providers in a new role and would monitor the program for safety and efficacy.
- C. Dr. Howard Backer, Director for State EMS Authority (EMSA) reported on community paramedicine at the EMS Commission meeting last week. EMSA has contracted with UC Davis and the Healthcare Foundation to review community paramedicine in the State of California. EMSA and OSHPD are working together on pilot projects for community paramedicine.

- D. There will be a two month process to submit letters of intent to participate. According to the State, that will permit time to develop partnerships and agreements and to structure the training and specific projects such as transport to alternate locations, management of chronic disease or a category that a specific provider may be interested in.
- E. Local EMS Authority (LEMSA) administrators have discussed plan measures, a gap analysis and who may be interested in the community paramedicine program.
- F. Jim Marugg said that community paramedicine was brought up at the EMS Today Conference in Washington D.C. They discussed care for patients with post acute care readmission, long term chronic care, post ED care, frequent system users, home bound impaired mobility and health screening and vaccinations.
- G. EMCC discussed liability and if there is an agreement during the pilot program for supervision of medications and readmissions.
- H. State information will be forwarded to the EMCC.

VII. EMS MEDICAL DIRECTOR REPORT (Bruce E. Haynes, M.D.)

- A. There are 15-20 confirmed cases of meningococcal outbreak in Tijuana. The United States has had three (3) confirmed cases, and sporadic cases that are not related to each other.
 - 1. EMS should be aware of any symptoms such as high fever, headache, nausea, a stiff neck, or a rash that doesn't blanch. The patient will likely be very ill by the time 9-1-1 is called.
 - 2. Exposure for EMS workers would be through mouth to mouth ventilation, intubation or manipulation of an endotracheal tube without a surgical mask or an N95 mask, droplet precautions and suctioning of the airway with copious secretions without use of a mask.
 - 3. If a healthcare provider has been within three (3) feet of a patient without personal protective equipment (PPE) or near a patient with meningococcal symptoms, they should receive prophylaxis such as rifampin, ciprofloxacin or ceftriaxone within 24 hours.
 - 4. It is recommended that lab personnel and youth, especially those staying in college dorms should receive the vaccine.
- B. The Border Patrol continues to practice their Advanced EMT (AEMT) program.
- C. The State passed new regulations for paramedics, EMT's and AEMT's that will take effect on April 1st.

1. EMT scope of practice added pulse oximetry, bleeding control through hemostatic, dressing and over the counter medicine such as aspirin and glucose. Training for AEMT's was increased to 136 hours.
2. For paramedic state regulations, some of the optional scope of practice was moved to basic scope of practice. They have a limited scope of practice for Interfacility Transfer (IFT).
3. Both the EMT and paramedic documents are available at the EMS Authority website.

VIII. EMS STAFF REPORT (Marcy Metz, Chief EMS)

- A. "Sidewalk CPR" day is scheduled for June 4, 2013. Communication on the event and invitations to participate will be sent out. The goal is to train 5,000, and to exceed last year's goal. Participation forms have been sent out.
- B. "Strike Out Stroke" day at the Padres game is on May 17, 2013 at Petco Park.
[Addendum: Date changed to June 22, 2013]
- C. The State EMS authority is asking EMS to submit addition core measure data from 2010/11. Some of the data will be collected by EMS, but additional data will be needed from the agencies. Communication will be sent out to the ALS agencies asking for the additional data by April 30, 2013 in order to comply with the State's request to submit data by the end of May.

IX. NEXT MEETING/ADJOURNMENT

The next EMCC meeting is April 25, 2013.
Meeting was adjourned at 9:55 am.

Submitted by,

Janet I. Wolchko, Administrative Secretary III
County of San Diego, Emergency Medical Services